



CUSTOMER CREDIT ACCOUNT APPLICATION (PLEASE PRINT, COMPLETE & FAXBACK)

COMPANY DETAILS

FULL COMPANY NAME

TRADING NAME

REGISTERED OFFICE ADDRESS

POST CODE

TELEPHONE NUMBER

FAX NUMBER

NAME OF CONTACT

INVOICE ADDRESS

VAT REG NO.

COMPANY REG NO.

AMOUNT OF CREDIT REQUESTED

PRIVATE ADDRESS OF SOLE TRADER / PARTNERS

BANK NAME

BANK BRANCH

BANK SORT CODE

BANK ACCOUNT NUMBER

TYPE OF GOODS

BUSINESS REFERENCES

NAME 1
ADDRESS

NAME 2
ADDRESS

TEL NO.
FAX NO.

TEL NO.
FAX NO.

I HAVE READ AND AGREE TO THE CONDITIONS OF CARRAIGE AND CONDTIONS OF STORAGE.

I AGREE (SIGNED)

PAYMENT OF INVOICES WILL BE AS ELW TERMS OF TRADING, PAYMENT TO BE MADE BY THE 30TH OF THE MONTH FOLLOWING DATE OF INVOICE.

I AGREE (SIGNED)

JOB TITLE

FULL NAME

EMAIL ADDRESS

FAXBACK TO 01254 701 500

East Lancashire Warehousing Co. Limited
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